

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/17/2012	
NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN 46107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit [PSR] to the Investigation of Complaints IN00106012, IN00106136, IN00106319 and IN00106628 completed on 04-16-12.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaints IN00103352, IN00104411, IN00104548 completed on 03-07-12.</p> <p>Complaints: IN00106012-Corrected IN00106136-Corrected IN00106319-Corrected IN00106628-Corrected</p> <p>Survey dates: May 16 & 17, 2012</p> <p>Facility Number: 000029 Provider Number: 155072 AIM Number: 100275200</p> <p>Survey Team: Mary Jane G. Fischer, RN</p> <p>Census Bed Type: SNF: 14 SNF/NF: 99 Total: 113</p> <p>Census Payor Type: Medicare: 20 Medicaid: 73 Other: 20 Total: 113</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	<p>Continued From page 1</p> <p>Sample: 7</p> <p>Beech Grove Meadows was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaints IN00106012, IN00106136, IN00106319 and IN00106628.</p> <p>Quality review completed on May 18, 2012 by Bev Faulkner, RN</p>			{F 000}			